

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J78157 (1)**

1. Corporation Name  
**TAMBONE COMMERCIAL REAL ESTATE, INC.**

Principal Place of Business: **4500 PGA BLVD., SUITE 304B, PALM BEACH GARDENS FL 33418**  
Mailing Address: **4500 PGA BLVD., SUITE 304B, PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1987** 3a. Date of Last Report: **05/25/1994**  
4. FEI Number: **59-2836716** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**FLANGAN, JOHN F  
625 N. FLAGLER DR.  
9TH FLOOR, BARNETT CENTRE  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE: **PDS**  
NAME: **TAMBONE, LORI B.**  
STREET ADDRESS: **2141 ALT A1A S #400**  
CITY-ST-ZIP: **JUPITER FL**  
TITLE: **VT**  
NAME: **TAMBONE, JOHN**  
STREET ADDRESS: **2141 ALT A1A S #400**  
CITY-ST-ZIP: **JUPITER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS: **4500 PGA Blvd., Suite 304B**  
1.4 CITY-ST-ZIP: **Palm Beach Gardens FL 33418**  
2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS: **4500 PGA Blvd., Suite 304B**  
2.4 CITY-ST-ZIP: **Palm Beach Gardens FL 33418**  
3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Lori B. Tambone* **4-18-95** **407-625-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #